MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937362**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			I				51							
2				I			52							
3				I			53							
4				I			54							
5				I			55							
6				I			56							
7				I			57							
8				I			58							
9			I				59							
10				I			60							
11				I			61							
12				I			62							
13				I			63							
14				I			64							
15				I			65							
16				I			66							
17				I			67							
18							68							
19							69							
20							70							
21							71							
22							72							
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36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	2	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.			15				TOTAL DEP.							
TOTAL CLAIMS			17				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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